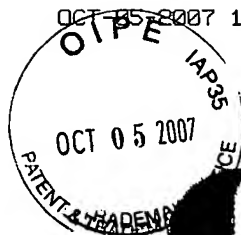


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**IDT**

INTEGRATED DEVICE TECHNOLOGY, INC.
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FAX COVER SHEET

TO: MAIL STOP ISSUE FEE U.S. P.T.O.	From: Leslie Hoffmann Patent Paralegal
Tcl. N/A	Tele: 408-284-8484
Fax. 571-273-2885	Date: October 5, 2007
Sheets: Cover + 6	
RE: <u>Applic. S/N 10/767,001 Filed January 29, 2004</u> <u>First Named Inventor: Hui ZHANG, Attorney Docket # IDT-1856</u>	

Message:

Please find attached:

1. Transmittal;

2. Part B-Issue Fee Transmittal + Duplicate;

3. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence;

4. Statement Under 27 CFR 3.73(b); and

5. "Fee Address" Indication Form.

Thank you.

**Leslie Hoffmann
Patent Paralegal
Integrated Device Technology, Inc.**

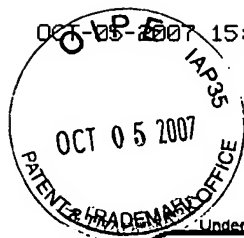
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/767,001
	Filing Date	January 29, 2004
	First Named Inventor	ZHANG, Hui
	Art Unit	2111
	Examiner Name	LEE, Christopher E.
Total Number of Pages in This Submission	Attorney Docket Number	IDT- 1856

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): FEE ADDRESS INDICATION FORM
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	GREG WARDER, REG. NO. 50,208
Signature	<i>Greg Warder</i>
Date	October 12, 2007

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Typed or printed name	Leslie Hoffmann
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Date	October 5, 2007

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